

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	1						51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61	✓	
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16	1						66		
17		1					67		
18		1					68		
19		1					69		
20		1					70		
21		10					71		
22	1						72		
23		1					73		
24	1						74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30	1						80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		7					89		
40		7					90		
41		7					91		
42		7					92		
43		7					93		
44		7					94		
45		7					95		
46		7					96		
47		7					97		
48		7					98		
49		7					99		
50		7					100		
TOTAL IND.	95						TOTAL IND.		
TOTAL DEP.	5						TOTAL DEP.		
TOTAL CLAIMS	100						TOTAL CLAIMS		